EBioMedicine 66 (2021) 103304

Contents lists available at ScienceDirect

EBioMedicine

journal homepage: www.elsevier.com/locate/ebiom

Letter

Forging a career as a child and adolescent psychiatry researcher in Nigeria: Surmounting challenges and taking opportunities

Olayinka Atilola

Associate Professor of Child and Adolescent Psychiatry, Department of Behavioural Medicine, Lagos State University College of Medicine Ikeja, Lagos, Nigeria

ARTICLE INFO

Article History:
Received 8 March 2021
Accepted 10 March 2021

I qualified as a psychiatrist, specialising in child and adolescent psychiatry (CAP), in Nigeria in 2011. At this time, global knowledge of CAP had been driven largely by research conducted in high-income countries (HIC), with only about 2% of global CAP research originating from authors in low- and middle-income countries (LMIC) [1]. Yet, the highest burden of CAP disorders reside in LMICs where there is a disproportionately high population of children with increased mental-health risks. These risks are related to poverty and include poor obstetrics and neonatal care, nutritional deficiencies, poor primary support, exposure to violence and abuse, as well as communicable and potentially neurotoxic infectious diseases (such as measles, rubella, and HIV/AIDS). An epidemiological survey of adolescents sampled from LMICs including Nigeria (up to 2011), has shown that at least one in ten adolescents has psychiatric morbidities which require psychiatric/psychological intervention [2].

Though I was brimming with enthusiasm to contribute to efforts to bridge the CAP research and service-gaps, I recognised the challenges ahead. These challenges stemmed from pervasive poor understanding of childhood psychopathology at a population level and the severely constrained child mental-health service in the country. As a result, internalising psychopathology such as anxiety and depression among children went unrecognised or was misconstrued. Personal experience showed that the majority of such children hardly received orthodox mental-health services, rather; they are often subjected to harmful and abusive practices as treatment. Those with externalising disorders such as conduct disorder and substance abuse are often criminalised and "warehoused" in juvenile correctional and social-welfare facilities where they barely receive the mental-health care they need [3].

Another challenge I envisaged was the limited CAP research capacity and scarcity of mentors, - as formal CAP training was just taking root in Nigeria and the country had just produced its first professor of CAP in 2009. Internationally, the relative neglect of CAP research in the global-health research-funding agenda, especially in LMICs [4], had stifled opportunities for CAP research funding in the region, and there was hardly any existing network of young CAP researchers that an aspiring young researcher could look to for peer mentoring and collaboration.

Despite these challenges, in late 2011, a travel-grant to attend the *Excellence in Paediatrics International Conference* in Istanbul, Turkey, presented an opportunity to meet with four other early-career CAP professionals from other LMICs. The five of us decided to establish the International Child Mental Health Study Group (ICMH-SG; www.icmhsg.org). The organisation's goal was to serve as a collaborative platform for early-career professionals committed to bridging the evidence-gap and improve the quality of CAP services in LMICs. Membership has grown to over 70 as of 2020, with members in more than 20 LMICs. We have since conducted several landmark collaborative CAP studies, including large-scale multinational cross-cultural validity (measurement invariance) studies of commonly used instruments in CAP research and services [5]. Examples include Strength and Difficulty Questionnaire and the Revised Child Anxiety and Depression Scale, among several others.

When I was offered a junior faculty position in psychiatry in my present university in early 2013, I deliberately focused on CAP. I consolidated this by helping to formally establish a CAP section within the psychiatry clinic of the affiliated teaching hospital. Beyond the immediate university environment, I helped to establish collaborative linkage services such as the multidisciplinary team for assessment and treatment of neuro-developmental disorders among school children. Using the principles of task-shifting, we trained school teachers and other lay-persons to conduct neurodevelopmental surveillance among children in pre-schools using simple instruments such as the Preschool Language Scale and the Bailey Infant Neurodevelopmental Screener. Those who were red-flagged were referred to our multidisciplinary assessment team for further evaluation. The challenge, which we are still trying to solve through advocacy, is how to improve access to interventions such as behaviour and speech therapy among children with established neuro-developmental disorders. My team also provide a mental-health service outreach program for justice-involved adolescents. In this program, we conduct full psychiatric evaluation for justice-involved adolescents in select juvenile justice institutions in Lagos. We are about to commence a stepped-down training of social-workers and other staff of such institutions to provide basic psychological interventions such as

E-mail address: olayinka.atilola@lasucom.edu.ng

https://doi.org/10.1016/j.ebiom.2021.103304

motivational interview for alcohol and substance involvement as well as therapy for depression among the detainees. What is left to be seen is how they will balance this additional responsibility with their existing work burden.

With these steps, which I intend to consolidate on in the years ahead, I have not only helped to bridge some of the CAP service and research gap in my country, but have also laid a pathbreaking example of resilience and innovation in the face of daunting challenges in the field, for upcoming young CAP professionals.

Contributors

Dr. Olayinka Atilola is the sole author of this work

Declaration of Competing Interest

Author has no conflict of interest to declare

References

[1] Kieling C, Rohde LA. Child and adolescent mental health research across the globe. J Am Acad Child Adolesc Psychiatry 2012;51(9):945–7.
[2] Atilola O, Balhara YPS, Stevanovic D, Avicenna M, Kandemir H. Self-reported mental health problems among adolescents in developing countries: results from an international pilot sample. J Dev Behav Pediatr 2013;34(2):129–37.
[3] Atilola O, Abiri G, Ola BA. The Nigerian juvenile justice system: from warehouse to uncertain quest for appropriate youth mental health service model. BJPsych Int 2019 Feb;16(1):19–21.
[4] Kieling C, Baker-Henningham H, Belfer M, Conti G, Ertem I, Omigbodun O, et al. Child and adolescent mental health worldwide: evidence for action. Lancet 2011;378(9801):1515–25.
[5] Stevanovic D, Urbán R, Atilola O, Vostanis P, Singh Balhara YP, Avicenna M, et al. Does the Strengths and Difficulties Questionnaire – self report yield invariant measurements across different nations? Data from the International Child Mental Health Study Group. Epidemiol Psychiatr Sci 2015;24(4):323–34.